USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

T	R	EW	sec 1/4	1/4	1/4	No.			

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	MORRIS	ONE	~~NE 1/4~~ NW1/4 SE 1/4	13	17 SOUTH	9 EAST

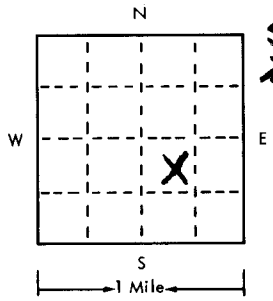
Distance and direction from nearest town or city: EAST ½

Street address of well location if in city: NO Street Address

3 Owner of well: ROLLAND MARK

Address: DUNLAP KANSAS

Locate with "X" in section below:



Sketch map: South edge of town then east to house on north side

4 Well depth: 50 ft. Date of completion 10-25-74
Well diameter 4 in.

5 ☒ Cable tool ☐ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☒ Domestic ☐ Public supply ☐ Industry
☐ Irrigation ☐ Air conditioning ☐ Commercial
☐ Test well ☐ HUMAN

7 Casing: Material STEEL Weight: (above) below
Threaded ☐ Welded ☐ Surface 12 in.
Diam. 5 in. to 32 ft. depth Weight ____ lbs./ft.
____ in. to ____ ft. depth Drive shoe? ☐ Yes ☒ No

2 Type and color of material	From	To
black dirt clay	0	15
rock yellow	15	20
shale blue	20	25
shale blue	25	30
shale blue	30	34
lime rock gray	34	40
lime rock gray	40	45
lime rock gray	45	50
(use o second sheet if needed)		

8 Screen:
Manufacturer JESS & LOWELL
Type 800 Dia. 5 inch
Slot/gauze SAWBLADE Length 20
Set between 30 ft. and 50 ft.
Fittings:
Gravel pack ☐ Yes ☒ No Size range of material ____

9 Static water level:
20 ft. below land surface Date 10-25-74

10 Pumping level below land surfaces:
____ ft. after ____ hrs. pumping ____ g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield ____ g.p.m.

11 Water sample submitted:
☐ Yes ☒ No Date ____

12 Well head completion:
☐ Pitless adapter 12 ☐ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☐ Neat cement ☐ Bentonite ☒ Cement
Depth: From 0 ft. to 15 ft.

14 Nearest source of possible contamination:
ft. 100 Direction NORTH Type WELL
Well disinfected upon completion? ☒ Yes ☐ No

15 Pump: ☒ Not installed
Manufacturer's name ____
Model number ____ HP ____ Volts ____
Length of drop pipe ____ ft. capacity ____ g.m.p.
Type:
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Centrifugal ☐ Other

16 Remarks: elevation

Topography:
☒ Hill to south
☐ Slope
☐ Upland
☐ Valley

17 Water well contractor's certification:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
L. H. KRAUSE 156
Business name License No.
Address 13 S BELFRY ST GBG. KS
Signed [signature] Date DEC 12-74
Authorized representative

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

677-H